

IDAHO STATE BOARD OF LANDSCAPE ARCHITECTS
Bureau of Occupational Licenses
700 West State Street, P.O. Box 83720
Boise, ID 83720-0063
E-mail: lar@ibol.idaho.gov

REGISTRATION FOR LANDSCAPE ARCHITECT IN TRAINING

I hereby submit my qualifications and an application fee of \$25.00 (All returned checks are subject to a \$20.00 fee) to the Idaho State Board of Landscape Architects for registration as a Landscape Architect In Training in Idaho under the provisions of Idaho Code 54-3002 and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Mailing address** _____
Street/PO Box City State Zip

3. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy
 (Proof of age must be attached. A certified copy of your birth certificate is acceptable.)

4. **Home phone** (____) _____ **Business phone** (____) _____ **E-mail** _____
 (The above phone number is public record)

5. **Are you a graduate of an approved college or school of landscape architecture?** () Yes () No
 (If Yes, this office must receive official educational transcripts directly from the college/school registrar. If No, complete item 8 below showing that that you have attained 8 years of landscape architectural experience. Verification letters from past employer are required to document experience.)

6. **Have you ever had a license or registration revoked, suspended or otherwise sanctioned?** () Yes () No
 (If Yes, a copy of the charges and the final order must be received before your application will be processed.)

7. **Have you ever been convicted of any State or Federal felony?** () Yes () No
 (If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

8. **If you answered No to #5, provide the requested experience information below (must total at least 8 years):**

 Employer/Supervisor name

 Employer/Supervisor name

 Address

 Address

 city, state, zip

 city, state, zip

Experience from ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

Experience from ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

 Employer/Supervisor name

 Employer/Supervisor name

 Address

 Address

 city, state, zip

 city, state, zip

Experience from ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

Experience from ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

(add additional pages as necessary to total 8 years experience)

IDAHO STATE BOARD OF LANDSCAPE ARCHITECTS
REGISTRATION FOR LANDSCAPE ARCHITECT IN TRAINING
(continued)

APPLICANT AFFIDAVIT

I hereby certify that the responses provided are true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Laws and Rules and Code of Professional Conduct governing the practice of Landscape Architecture in Idaho and that I will pursue my training under the direct and immediate supervision of the named employer/supervisor. I understand that any registration resulting from this application is subject to the authority of the Idaho Board of Landscape Architects and is subject to disciplinary action for any violation of Idaho law, rule, or Code of Professional Conduct. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for registration or licensure. By signing this form I am authorizing the release of otherwise protected or confidential information about me to other regulatory entities upon their request.

Signature of Applicant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20_____.

(seal)

Notary Public official signature
my commission expires _____

SUPERVISOR INFORMATION AND AFFIDAVIT

Supervisor's Business Name _____

Supervisor's Business Address _____
Street/PO Box City State Zip

Business phone (____) _____ **Fax** (____) _____ **E-mail** _____
(The above phone number is public record)

SUPERVISOR AFFIDAVIT

I hereby certify under penalty of perjury that I hold an Idaho Landscape Architect license in good standing and that I have not been the subject of discipline by the Idaho Board of Landscape Architects. I further certify that I have reviewed and will comply with Idaho Laws and Rules and Code of Professional Conduct governing the practice of Landscape Architecture in Idaho and that the above named applicant is employed by me and will work under my direct supervision at all times.

Print Supervisor's Name & License Number

Signature of Supervising Appraiser

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20_____.

(seal)

Notary Public official signature
my commission expires _____